ICH Public Meeting

ICH Expert Working Group and Steering Committee Meetings
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Chicago

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Topics to be Covered

- ICH overview
- Guideline implementation process
- CTD/eCTD background
- Global Cooperation Group

I C H

INTERNATIONAL CONFERENCE ON
HARMONIS/ZATION
of
Technical Requirements
for the Registration of
Pharmaceuticals for Human Use

http://www.ich.org

Hosted by ICH Secretariat
IFPMA-Geneva, Switzerland

A Unique Approach

- ICH was created in 1990
- Agreement between the EU, Japan and the USA to harmonize different regional requirements for registration of pharmaceutical drug products
- Unique because joint effort by regulators and associated pharmaceutical industry trade associations

ICH Objectives

- Identification and elimination of the need to duplicate studies to meet different regulatory requirements
- More efficient use of resources in the R&D process, as a consequence
- Quicker access for patients to safe and effective new medicines

Expert Working Groups

SAFETY

EFFICACY

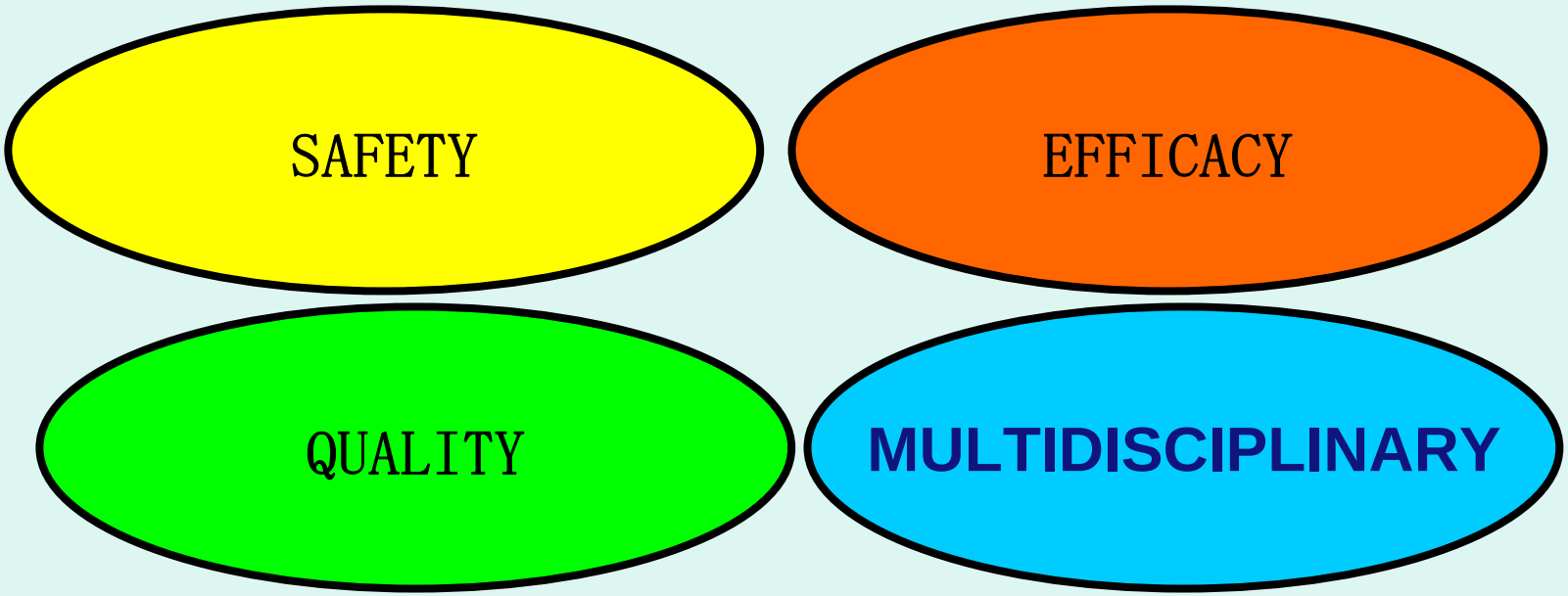
QUALITY

MULTIDISCIPLINARY

STEERING COMMITTEE

Monitors and Facilitates EWGs

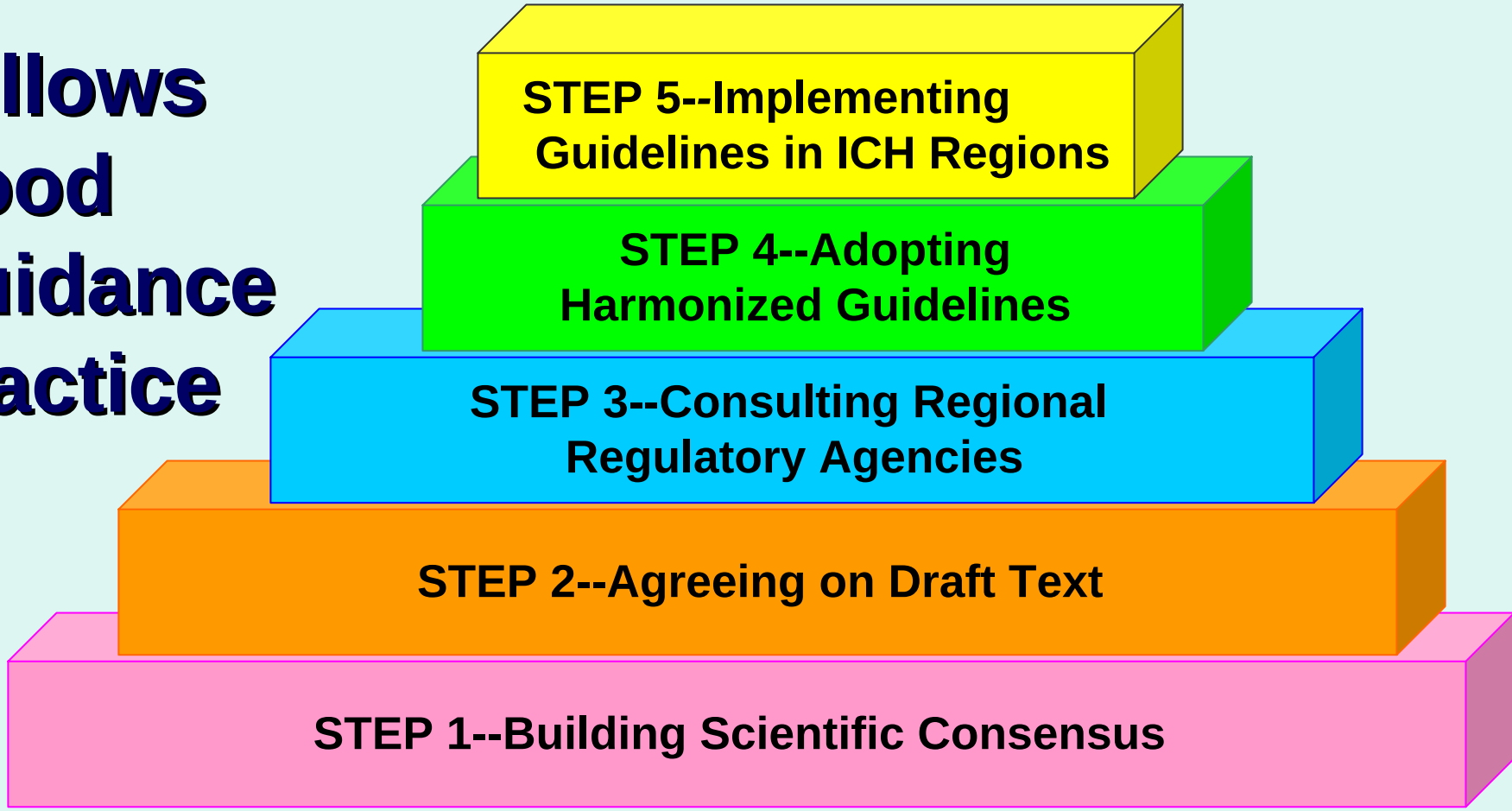
Expert Working Groups



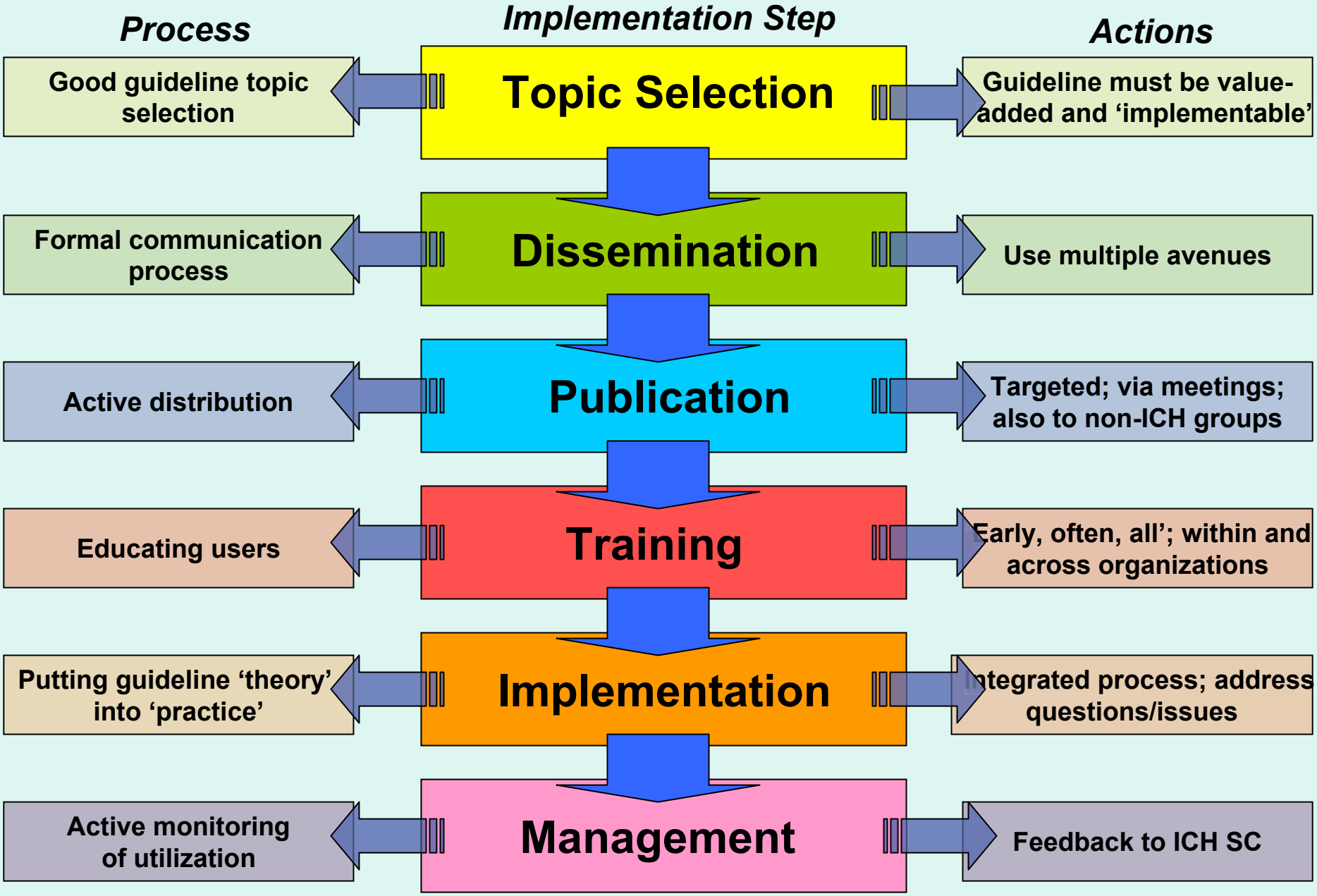
- An EWG for each ICH Topic
- 6 Topic Leaders - one from each ICH party
- Develop consensus on technical issues
- Result in ICH Guidelines (E, S, Q, M)

Steps of ICH Harmonization

Follows
Good
Guidance
Practice



Implementation Process Flow

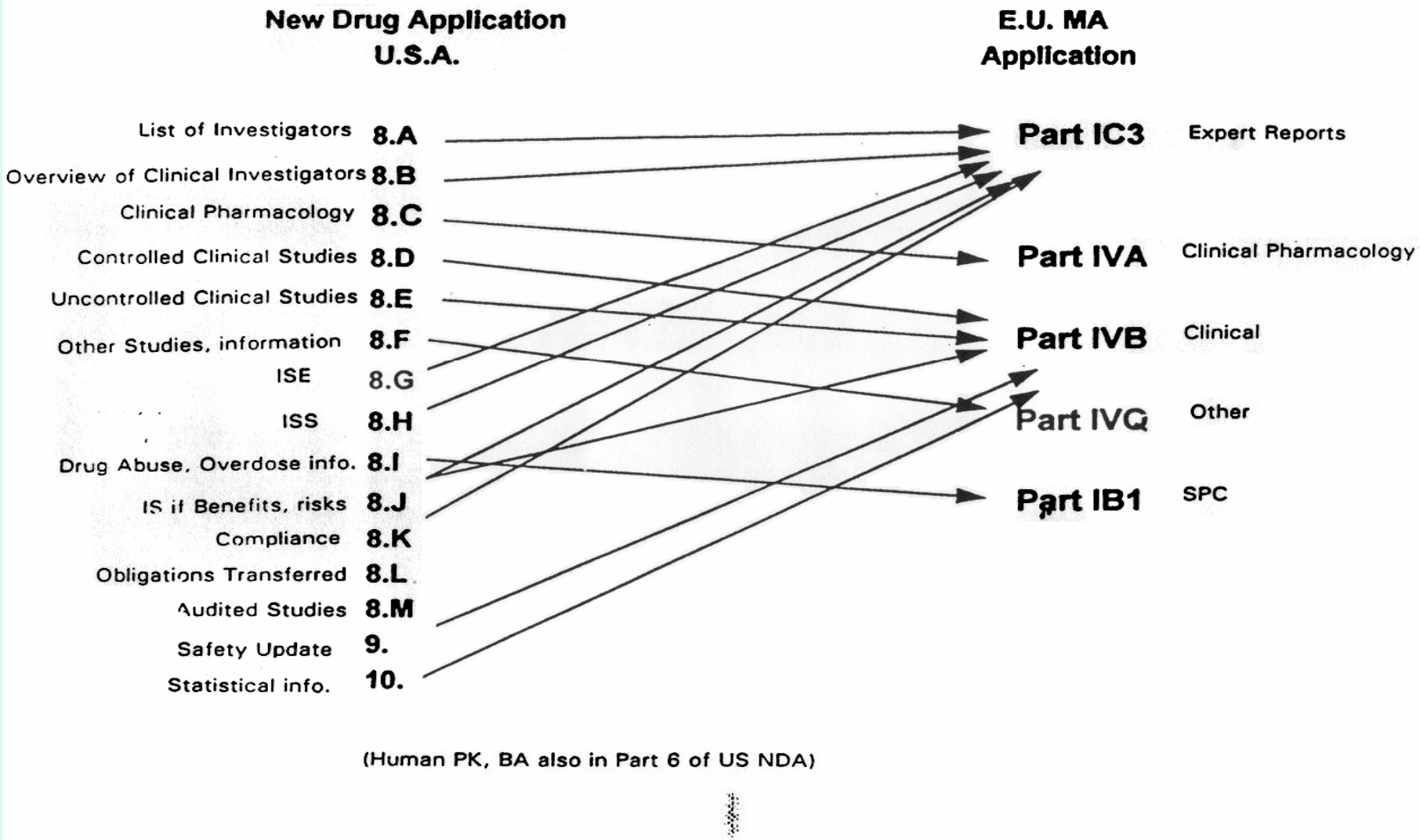


Harmonized Guidelines

- **Efficacy** - 13 topic headings/17 guidelines
- **Safety** - 8 topic headings/16 guidelines
- **Quality** - 9 topic headings/23 guidelines
- **Multidisciplinary** (Regulatory Communications)
  - **Medical Dictionary -** MedDRA
  - **Electronic Standards** - ESTRI, E2B

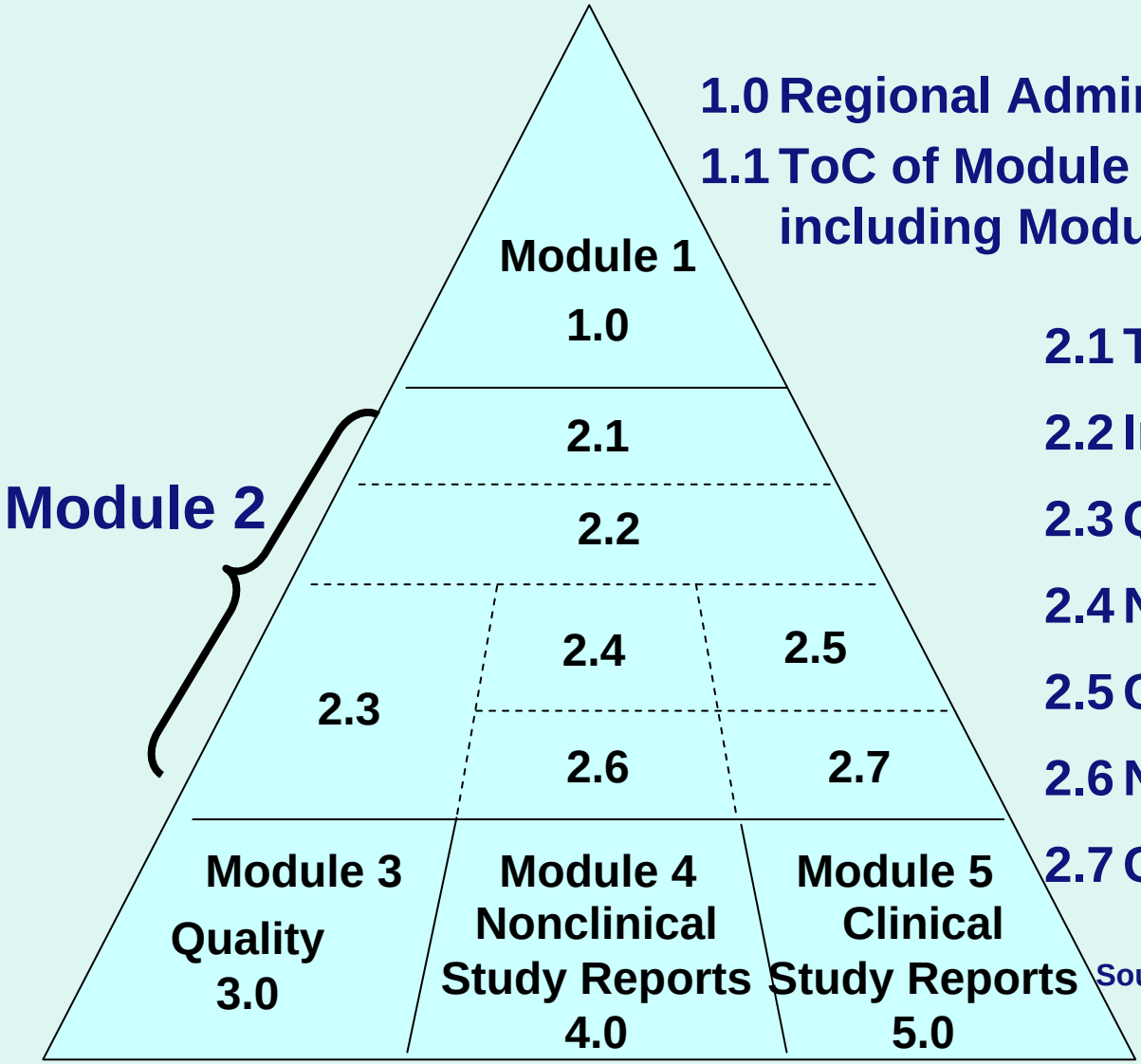
- In 1996 ICH industry representatives proposed assembling the information generated by these harmonized guidances in the same order
- Goal was to decrease the amount of time and staff needed to assemble and disassemble documents for submission to ICH regions

Table of Contents Comparison



(Human PK, BA also in Part 6 of US NDA)

Common Technical Document



1.0 Regional Administrative Information

1.1 ToC of Module 1 or overall ToC, including Module 1

2.1 ToC of the CTD (Mod 2,3,4,5)

2.2 Introduction

2.3 Quality Overall Summary

2.4 Nonclinical Overview

2.5 Clinical Overview

2.6 Nonclinical Summary

2.7 Clinical Summary

Source: ICH Implementation Coordination Group

Benefits of the CTD FDA Perspective

- More “reviewable” applications
- Complete, well-organized submissions
- More predictable format
- More consistent reviews
- Easier analysis across applications
- Easier exchange of information
- Facilitates electronic submissions

The CTD is not a “Global Dossier”!

- A common misunderstanding by those not involved in ICH
  - Submission’s content different for US, EU and Japan, based on individual regulations
  - Some regulations never discussed in ICH
- CTD is an agreed upon common format for the “modular” presentation of summaries, reports and data
- Incorporates relevant ICH guidelines as building blocks and puts them in the same order for submission to ICH regions

Common Technical Document

- Although the CTD provides a common format for new drug applications, the actual content must still meet local regulations and statutes
- As a result, despite being presented in the same order, the required content of modules 2-5 may vary by region

July 1, 2003
CTD mandatory in the EU and Japan

- **"Highly Recommended"** by FDA
- ICH documents have always been considered GUIDANCE by FDA
- Good Guidance Practice (GGPs)
  - Final Rule September 19, 2000
- GGPs require that the CTD not be mandatory since guidance
- Due to Regulation--Not an indication of lack of commitment to ICH or the CTD

eCTD Submissions

Guidance for Industry

- The following specifications will be provided with this guidance as stand alone documents:
  - ICH eCTD Specification 3.2 February 2004
  - FDA Module 1 Specification
  - FDA Modules 2-5 Specification
  - FDA Comprehensive eCTD Table of Contents Headings and Hierarchy
  - Study Tagging Files Specification

Last Update March 2004

ISS/ISE eCTD Update

- M4: The CTD -- Efficacy [HTML] or [PDF]
- M4: The CTD -- Efficacy Questions and Answers [HTML] or [PDF] (Issued 12/2004, Posted 12/22/2004)
  — New! Clarification for Q&A 10 on submitting integrated summaries of safety and effectiveness (ISS/ISE) in the eCTD format [esrs/eCTD page].

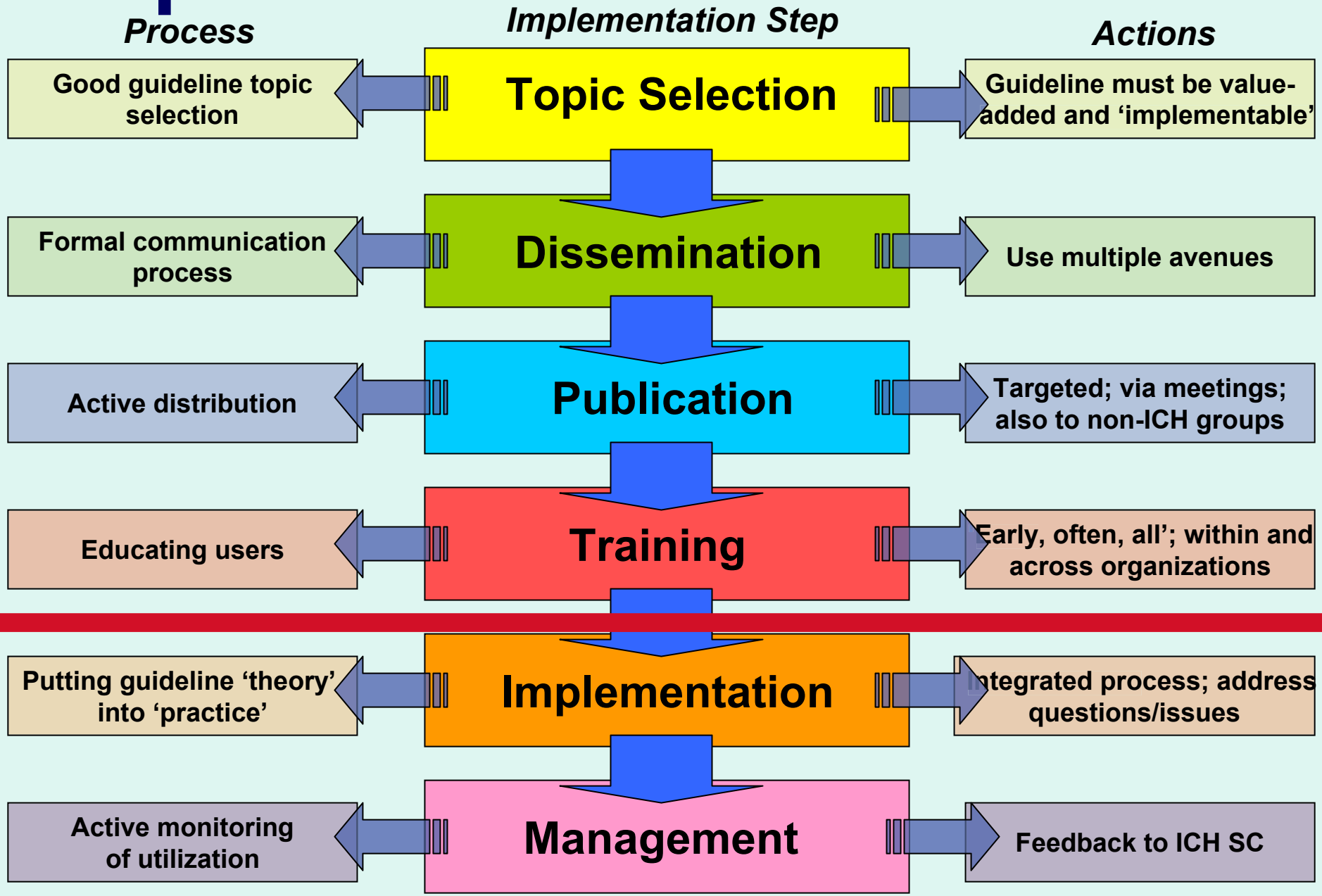
Placement of Integrated Summaries of Safety and Effectiveness (ISS/ISE) in Applications Submitted in the eCTD Format

The CTD summary sections in Module 2 **are not** the correct location for the integrated summaries of safety and effectiveness (ISS/ISE) required by 21 CFR 314.50 (see *ICH M4: The CTD -- Efficacy Q&As*, and presentations from the 2006 Drug Information Association Meeting).

CTD submissions are being submitted electronically, it is important that the location of ISS/ISE information in an eCTD be consistent:

- In an eCTD, the ISE and ISS go in Module 5, section 5.3.5.3.

Implementation Process Flow



Information

- **ICH eCTD**
  - www.ich.org
    - CTD | Electronic
    - Includes ICH Specifications/Process
    - Includes Change Request Q&A Form
- **FDA eCTD**
  - www.fda.gov/cder/regulatory/ersr/ectd.htm
  - esub@fda.hhs.gov

International Conference on Harmonisation—Transparency

ICH-1: Brussels 1991

ICH-2: Orlando 1993

ICH-3: Yokohama 1995

ICH-4: Brussels 1997

ICH-5: San Diego 2000

ICH-6: Osaka 2003

ICH-7: ?? 2007


ICH Global
Cooperation
Group

Global Cooperation Group (GCG)

- Established March 1999 as sub-committee of ICH Steering Committee
- Formed to respond to growing interest in ICH guidelines
  - Four brochures published on ICH and GCG, available at ICH website www.ich.org
- Name reflects desire to establish links with non-ICH regions
- Membership :
  - 6 ICH parties
  - 2 Observers (WHO and Health Canada)
  - ICH secretariat

Shift in Focus

- Initial focus on **information-sharing**
- Soon became clear that more active **engagement** was necessary to respond to increasing interest in ICH and ICH guidelines
- Invited participation of regional pharmaceutical harmonization initiatives

Regional Harmonization Initiatives

- **APEC**
  - Asia-Pacific Economic Cooperation
- **ASEAN**
  - Association of the Southeast Asian Nations
- **GCC**
  - Gulf Cooperation Council
- **PANDRH**
  - Pan American Network for Drug Regulatory Harmonization
- **SADC**
  - Southern African Development Community

APEC

Asia-Pacific Economic Cooperation

21 Member Economies:

Russia

China
Hong Kong
Taiwan
Japan
Korea

Brunei Darussalam
Indonesia
Malaysia
The Philippines
Singapore
Thailand
Viet Nam

USA
Canada
Mexico
Peru
Chile

Australia
New Zealand
Papua New Guinea

ASEAN

Association of Southeast Asian Nations

Brunei Daruss.
Cambodia
Indonesia
Laos
Malaysia
Myanmar
The Philippines
Singapore
Thailand
Viet Nam

GCC

The Cooperation Council
for the Arab States of the Gulf

Bahrain
Kuwait
Oman
Qatar
Saudi Arabia
United Arab Emirates

PANDRH

Pan American Network for Drug Regulatory Harmonization

- **NAFTA**
  USA, Canada, Mexico
- **MERCOSUR**
  Argentina, Brazil, Paraguay, Uruguay
- **Andean Group**
  Bolivia, Columbia, Ecuador, Peru, Venezuela
- **CARICOM**
  Caribbean Community
- **SICA**
  Central America Integration System

SADC

Southern African Development Community

Angola
Botswana
Dem Rep Congo
Lesotho
Malawi
Mauritius
Mozambique
Namibia
Seychelles
South Africa
Swaziland
Tanzania
Zambia
Zimbabwe

GCG Mission Statement

To promote a mutual understanding of regional initiatives in order to facilitate harmonization processes related to ICH guidelines regionally and globally; and to strengthen the capacity of drug regulatory authorities and industry to utilize them.

Harmonization and Regulation

- Moving beyond bounds of ICH
- Serve as unique forum for harmonization initiatives to discuss
  - Best practices, lessons learned and innovative approaches to harmonization and regulation
  - ICH topics of interest
  - Technical guidelines beyond scope of ICH

Thank You for Your Attention
I would be pleased to answer questions